

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009235

1. Entity Name
WING-N-IT, LLC

Principal Place of Business
10140 WEST OAKLAND PARK BLVD.
SUNRISE FL 33351

Mailing Address
10140 WEST OAKLAND PARK BLVD.
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1028217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBRAVETZ, JERRY
5779 WASHINGTON STREET, APT. N-1
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name Lester Bowser Sr.
Street Address (P.O. Box Number is Not Acceptable) 10097 Cleary Blvd #350
City Ft Lauderdale FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lester Bowser Sr

Lester Bowser

05/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBRAVETZ, JERRY 5779 WASHINGTON STREET, APT. N-1 HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINOPOLI, WILLIAM J 1010374 WELLEBY ISLES LANE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINOPOLI, ROBERT 4281 REFLECTIONS BLVD. S., APT. 101 SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROWELL, SHARON 5777 WASHINGTON STREET, APT. M-3 HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/member Lester Bowser Sr 10097 Cleary Blvd #350 Ft Lauderdale, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004420437-1 -06/14/01--01095--016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

LESTER BOWSER SR Lester Bowser 05/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 MAY 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)